

AO83 (Rev. 12/85) Summons in a Criminal Case

UNITED STATES DISTRICT COURT

DISTRICT OF

DELAWARE

UNITED STATES OF AMERICA
V.

SUMMONS IN A CRIMINAL CASE

Gerri Nichelle Knotts

Case Number: 06-102M (MPT)

New Castle, DE 19720

(Name and Address of Defendant)

YOU ARE HEREBY SUMMONED to appear before the United States District Court at the place, date and time set forth below.

Place J. Caleb Boggs Federal Building 844 North King Street Wilmington, Delaware 19801	Room Magistrate Ctrm # 6C, 6 th Floor
Before: Honorable Mary Pat Thyng, U.S. Magistrate Judge	Date and Time 11/30/06 at 1:00 PM

** Please report to the U.S. Marshal's office Rm #100 by NOON

To answer a(n)

☐ Indictment ☒ Information ☐ Complaint ☐ Violation Notice ☐ Probation Violation Petition
Charging you with a violation of Title 18 United States Code, Section(s) 641

Brief description of offense:

EMBEZZLE, STEAL, PURLOIN, AND CONVERT MONEY FROM AN AGENCY OR DEPARTMENT OF UNITED STATES

FILED
 CLERK U.S. DISTRICT COURT
 DISTRICT OF DELAWARE
 2006 NOV 22 AM 10:08

Evelle Watson, Deputy Clerk
 Signature of Issuing Officer

November 15, 2006 in Wilmington, DE
 Date

Peter T. Dalleo; Clerk of Court
 Name and Title of Issuing Officer

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RETURN OF SERVICE

Date

Service was made by me

Check one box below to indicate appropriate method of service



Served personally upon the defendant at: _____



Left summons at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein and mailed a copy of the summons to the defendant's last known address.

Name of person with whom the summons was _____



Returned unexecuted: _____

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service is true and correct.

Returned

Date

11-22-06

Name of United States Marshal

(by) Deputy United States Marshal

Remarks:

¹ As to who may serve a summons, see Rule 4 of the Federal Rules of Criminal Procedure.

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage)
 For delivery information visit our website at usps.com

OFFICIAL

Postage \$
 Certified Fee \$
 Return Receipt (Endorsement) \$
 Restricted Delivery (Extra Fee) \$

Gerri Nichelle Knotts
New Castle, DE 19720

Signature Here *11/16*

Street or P.O. Box
 City, State, ZIP+4®

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <i>Gerri Knotts</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery <i>11-17-06</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Gerri Nichelle Knotts New Castle, DE 19720</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>7004 1160 0006 7939 9309</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <i>BP</i></p>
PS Form 3811, February 2004	Domestic Return Receipt 102595-02-M-1540